STANDARD CERTIFICATE OF DEATH  SHATT MO.  REG. DIST. NO. 2/0 PRIMARY REG. DIST. NO. 43 2 Registrar's No. 5  I. PLACE OF DEATH  a. COUNTY METCOT  D. CITY (II models express limits, write RURAL and give and the control of the control	" FIFT FFF	3 17 1950		DIVISION OF HE				EADA
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13b. MOTHER'S MAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   Was hing ton! Booth   Jannie Hart   15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE   18b. MOTHER'S MAIDEN NO   17 m. AFFE WAS OF CAUSE OF DEATH   17 m. AND C. Booth   18b. SOLIAL SECURITY   17. INFORMANT'S SIGNATURE   18b. MOTHER'S MAIDEN NO   17 m. AFFE WAS OF CONDITION NO   18b. SOLIAL SECURITY   17. INFORMANT'S SIGNATURE   18b. MOTHER'S MAIDEN NO   17. INFORMANT'S SIGNATURE   18b. MOTHER'S MAIDEN NO   17. INFORMANT'S SIGNATURE   18b. MOTHER'S MAIDEN NO   17. INFORMANT'S SIGNATURE   18b. MAIDEN NAME   18b. MAID RETURN NO   17. INFORMANT'S SIGNATURE   18b. MAID RETURN NO   18b. MAID		ig tite, even it retired)		DOSINI	Harrisa	n Co., Mis	ssouri	
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S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c)   This does not meen the mode of dying, such as heart fallure, ashenia, etc. It meens the discrete internation   DUE TO (b)   ANTECEDENT CAUSES   DUE TO (c)   AUTOPSYT   SIGNATURE OR NAME   ANTECEDENT CAUSES   DUE TO (c)   AUTOPSYT   SIGNATURE OR NAME   AUTOPSYT   SIGNATURE OR NAME   ADDRESS   AUTOPSYT   SIGNATURE OR NAME   ADDRESS   AUTOPSYT   SIGNATURE   AUTOPSYT   AUTOPSYT   SIGNATURE   AUTOPSYT   SIGNATURE   AUTOPSYT   SIGNATURE   AUTOPSYT   SIGNATURE   SIGNATURE   SIGNATURE   ADDRESS   SIGNATURE   ADDRESS   SIGNATURE   ADDRESS   SIGNATURE   AUTOPSYT   AUTOPSYT   Signature   Signatur	Washington	11 Booth		Jannie Hart	_	Ber	tha Mav Boot	th.
NO  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, estheria, dec. It means the disc take above cause (a) stating the underlying cause less.  *This does not mean the mode of dying, such as heart fallure, estheria, dec. It means the disc take injury, or complication which coused death.  *This does not mean the mode of dying, such as heart fallure, estheria, dec. It means the disc take injury in complication which coused death.  *This does not mean the disc take above cause (a) stating the underlying cause less.  **DUE TO (c) Assistance Cleans Section with the country of the death with not related to the disease or condition counting death.  **This does not mean the disc cause (a) stating the underlying cause less.  **DUE TO (c) Assistance Cleans Section with the cause of cause (a) stating the underlying cause less.  **DUE TO (c) Assistance Cleans Section with the cause of cause (a) stating the underlying cause less.  **DUE TO (c) Assistance Cleans Section with the underlying cause less.  **DUE TO (c) Assistance Cleans Section With the underlying cause less.  **Due To (c) Assistance Cleans Section With the cause of cause (a) stating the underlying cause less.  **This does not mean the above cause (a) stating the underlying cause less.  **This does not mean the above cause (a) stating the underlying cause of the doubt underlying cause less.  **This does not mean the mode of dying, underlying cause less.  **This does not mean the mode of dying, underlying cause less.  **This does not mean the object of the doubt underlying cause less.  **This does not mean the discussion of the doubt underlying cause less.  **This does not mean the doubt cause of the doubt underlying cause less.  **This does not mean the doubt cause of the doubt underlying cause less.  **This does not mean the doubt cause of the doubt underlying cause less.  **This does not mean the object of the doubt underlying cause less.  **This does not mean the doubt cause o	15. WAS DECEASED EVE	R IN U.S. ARMED F			17. INFORM			
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Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart failure, athenia, etc. It meens the discase of the underlying cause last.  Morbid conditions, if any, giving DUE TO (b) Interval Lating the underlying cause last.  DUE TO (c) According to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Tow) (Elour) 21e. INJURY (cz., in or about SuiCide Homes) (Day) (Tow) (Elour) 21e. INJURY OCCURRED WHILE AT MORK AT WORK DEATH AT WORK AT WORK AT WORK DEATH AT WORK AT WORK DEATH AT WORK AT WORK DEATH AT WORK	18. CAUSE OF DEATH			MEDICAL C	ERTIFICATION	ON		INTERVAL BET
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WHILE AT WORK  22. I hereby certify that I altended the deceased from Nov 12, 1948 to 20, 1950, that I last saw the deceased alive on Jan. 30., 1950, and that death occurred at 11:45 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE  (Degree or title) 23b. ADDRESS  24a. BURIAL. CREMA- 24b. DATE  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county) (Stat TION, REMOVAL (Specify) 1., 1950 Akron Cemetery  DATE REC'D BY LOCAL REGISTRAA'S SIGNATURE  393 25 FURNATION OF SIGNATURE  ADDRESS  ADDRESS  ADDRESS  25. CREMATORY 24d. LOCATION (City, town, or county) (Stat TWO.)  25. CREMATORY 24d. LOCATION (City, town, or county) (Stat TWO.)  26. CREMATORY 24d. LOCATION (City, town, or county) (Stat TWO.)  26. CREMATORY 24d. LOCATION (City, town, or county) (Stat TWO.)  26. CREMATORY 24d. LOCATION (City, town, or county) (Stat TWO.)  27c. DATE SIGNATURE 393 (Stat TWO.)	SUICIDE HOMICIDE	(Specify) 2	lib. PLACE (	OF INJURY (e.g., in or about story, street, office bldg., etc.)	21c. (CITY, TOW	YN, OR TOWNSHII	r) (COUNTY	) (STATE)
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DEC -0. 11 10 and 010 -4-14 1.//-					5 TURNING	DIDECTOR'S S	FONATURE	
			tu	the sist		tothe		sville. Ma

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
Eddie J. Stoklasa	Student Fabalmer No

working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 3602

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.